

# **FAIRVIEW ALTERNATE CARE SITE TRANSFER PACKET**

# Admissions Guidance to Fairview Alternate Care Site During COVID-19 Pandemic

## Purpose

The purpose of this document is to provide guidance to hospitals and skilled nursing facilities (SNFs) for patient transfer to the Fairview Alternate Care Site (FACS) facility for low acuity, nursing home level care for COVID positive patients.

## Background

The COVID-19 virus disproportionately impacts the elderly, with mortality increasing with age. Those over the age of 80 with chronic disease have the highest mortality. Given the recent spread of COVID-19 among congregate living sites such as assisted living and skilled nursing facilities, there is an emerging need for alternate care sites to accommodate COVID-19 positive residents.

## Overview of Services at the FACS

CA State agencies, Federal Partners and private contractors, in coordination with State Emergency Operations authorities, have established a temporary alternate care site facility at the Fairview Developmental Center in order to provide local hospitals and skilled nursing facilities with care options and improve regional capacity in support of California's COVID-19 response.

This **Alternate Care Site** is a nontraditional care site that provides care for low-acuity, semi-ambulatory patients when hospitals are at or past capacity. Indications may include:

- Patients with no safe place to stay or quarantine
- Patients requiring low-acuity clinical care ( $\leq 2$  L NC)
- Patients requiring extended observation due to high risk comorbidities, inadequate home support and/or barriers to returning to the ER or calling 911

The FACS has the following characteristics: (1) staffing that includes physicians, nurse practitioners, physician assistants, nurses, personal care attendants, respiratory therapists, behavioral health workers, pharmacists, supportive medical care providers (CNAs, EMTs, Navy Corpsmen, MAs), and social workers; (2) basic laboratory testing and x-ray capabilities; and (3) limited ability to provide IV fluids and low-flow oxygen; and (4) personal protective equipment and setting (single room), nebulizer treatments and suctioning.

## Transfers to the FACS

Hospitals and congregate living settings, such as SNFs, are eligible to transfer patients to the FACS. Hospitals may transfer patients who have stabilized and have lower-acuity needs, but who still require medical monitoring, to make room for those with more acute needs related to COVID-19 or other illnesses. Congregate living sites such as assisted living, residential care for the elderly, and skilled nursing facilities may also transfer individuals who meet the admission criteria for the FACS. Arrangements must be made to repatriate these patients once they are COVID negative on two consecutive tests, 24 hours apart, or the originating facility has the capacity to accept them back.

## Transfers from FACS to the Hospital

The FACS cannot offer the same breadth of services as a hospital and is intended to serve as a SNF for COVID positive patients. If a patient's condition deteriorates they may have to be transferred to a hospital, typically via the 911 system. A patient may also be transferred to a hospital if a provider determines they require medical care beyond the level available at the FACS for an acute medical issue.

## **FAIRVIEW ALTERNATE CARE SITE**

### **CAPABILITIES**

The Fairview Alternate Care Site (FACS) is a regional asset allocated to decompress the need for skilled nursing care for COVID positive patients in the region. The facility is able to provide Level I Skilled Nursing Care including the following basic services:

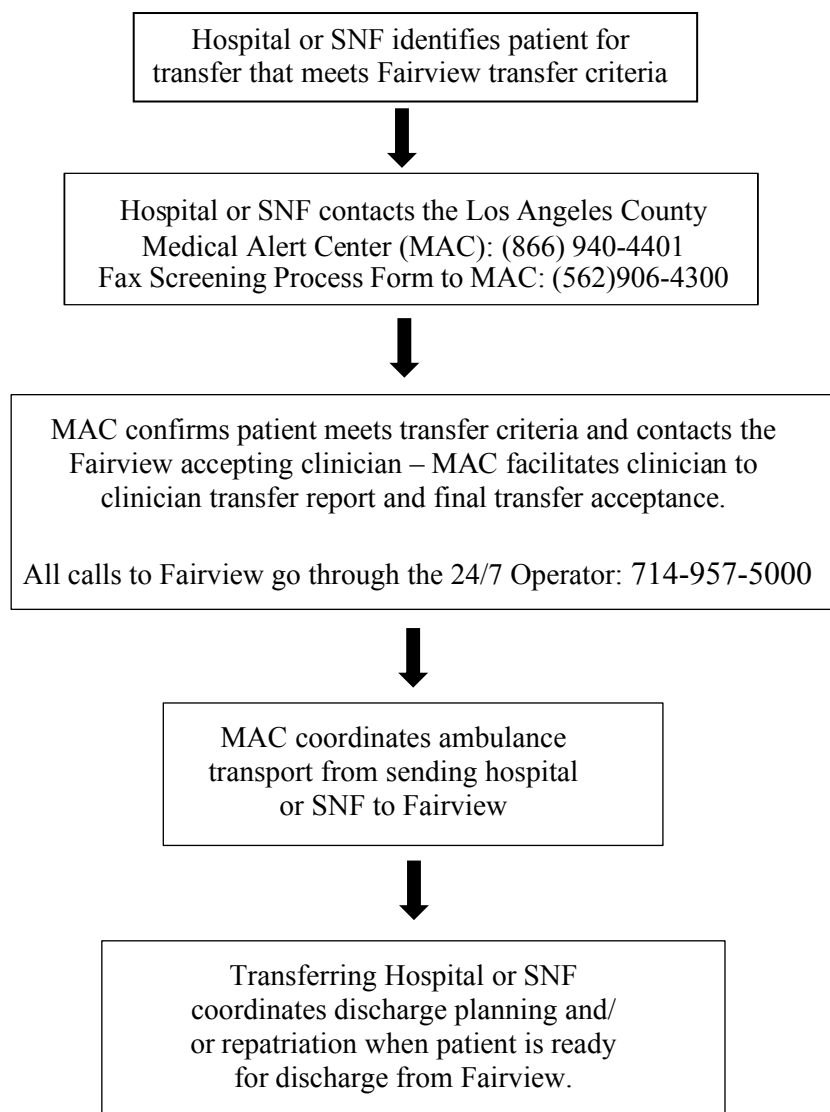
- Meals (including special dietary needs)
- Twenty-four hour nursing care
- Nutrition services, nasogastric and/or gastrostomy tube feedings by gravity only (no feeding pumps)
- Bowel and bladder training
- Insulin and diabetic care, including dose adjustment and/or teaching
- Catheter care/maintenance (Foley, with daily irrigations if needed), indwelling, in/out),
- Limited colostomy/ileostomy care and supplies with necessary irrigations
- Superficial wound care (no Wound Vacs)
- Routine Labs Services
- Routine X-ray Services
- Standard Durable medical Equipment ("DME")
- Speech, Occupational, and/or Physical Therapy
- Respiratory therapy by Nursing or Certified Respiratory Therapist as indicated
- Limited Discharge Planning (in conjunction with sending facility)
- Administration of I.V. Therapy/Hydration and supplies
- Administration of Medications, including intramuscular and I.V. services
- Medications, pharmaceutical supplies, Medical In-House/Surgical Supplies
- Respiratory and Oxygen services
- Routine oral, subcutaneous, topical or intramuscular drug administration

The FACS is **NOT** able to perform the following Level I Skilled Nursing Care Services

- Substance detoxification services
- Mental Health services or management of disruptive behavior
- More complicated or involved dressing changes
- Feeding pump services

## Fairview Alternate Care Site Transfer Process

All transfers to Fairview will be coordinated by the Los Angeles County Medical Alert Center (MAC)  
Fairview will be opening 4/20/2020 at noon and remain open 8am-5pm, 7 days a week



### **Points of Contact (8am-5pm):**

**MAC:** (866) 940-4401

**FACS:** (714) 957-5000

## Fairview Alternate Care Site Screening Process:

Answers with an asterisk (\*) are a potential contraindication for admission. Only patients  $\geq 18$  yo are eligible for transfer.

- |   |      |     |
|---|------|-----|
| 1. Does the patient have high-risk** or rapidly worsening symptoms requiring hospital admission?                  | Yes* | No  |
| 2. Is the patient stable for transfer to a low acuity alternate care site?  | Yes  | No* |
| 3. Can the patient be safely discharged home?   | Yes* | No  |
| 4. Does the patient require continuous IV fluids or medications (if intermittent or only once a day, select 'No') | Yes* | No  |
| 5. Is the patient confirmed COVID-19 positive   | Yes  | No* |
| 6. Does the patient meet the following criteria:  |      |     |
| a. Hemodynamically Stable   | Yes  | No* |
| b. $\text{SpO}_2 \geq 90\%$ on $\leq 2\text{L NC}$  | Yes  | No* |
| c. Heplocked peripheral IV in place as needed   | Yes  | No* |
| d. Able to self-feed  | Yes  | No* |
| e. Low safety risk (falls, wandering elopement)   | Yes  | No* |
| 7. Does the patient have any of the following medical conditions:   |      |     |
| a. <i>C. difficile</i> infection  | Yes* | No  |
| b. Tracheostomy or feeding tube (case-by-case basis)  | Yes* | No  |
| c. More than 1 person assist required   | Yes* | No  |
| d. Severe dementia, psychiatric illness or delirium   | Yes* | No  |
| e. Acute, severe mental illness   | Yes* | No  |
| 8. Has the patient or patient's next of kin consented to the transfer   | Yes  | No* |

### \*\*High risk clinical features may include, but are not limited to:

- Escalating O2 needs, HR >100, hypotension, or cardiac arrhythmia
- Asthma, COPD, or other lung disease requiring ongoing respiratory therapy
- Decompensated heart failure or other cardiovascular condition
- Immunocompromised (HIV, high-dose steroids, TNF-alpha, etc.)
- Current solid organ or hematologic malignancy
- End-stage renal disease or end-stage liver disease
- Active alcohol use disorder with prior withdrawal, DTs, or seizures
- Other concerning or undifferentiated symptoms

**GUIDELINES FOR ACCEPTANCE TO FAIRVIEW ALTERNATE CARE SITE FROM  
TRIAGE, EMERGENCY DEPARTMENT, POST-HOSPITAL DISCHARGE, OR OTHER REFERRAL SITES**

**TRIAGE OR EMERGENCY ROOM ADULT PATIENTS**

**1. Does the patient have high-risk or rapidly worsening symptoms requiring hospital admission?\*\***

**YES**

Acute care admission

**NO**

**2. Can the patient be safely discharged home?**

- ☐ Safe place to stay and isolate with adequate home support
- ☐ Able to call 911 if worsening

**YES**

Home with guidance

**NO**

**3. Is the patient confirmed or presumed to be COVID-19 positive?**

**NO**

Not an ACS candidate unless facility has ability to separate care

**YES**

**4. Does the patient meet all criteria for a Low-Acuity Alternate Care Site (ACS)?\***

- |   |  |
|---|--|
| <input type="checkbox"/> COVID-19 positive                  | <input type="checkbox"/> No more than 1 person assist                  |
| <input type="checkbox"/> Hemodynamically stable             | <input type="checkbox"/> No significant rehab needs                    |
| <input type="checkbox"/> SpO2 > 90% on ≤ 2L NC              | <input type="checkbox"/> No severe dementia or delirium                |
| <input type="checkbox"/> Heplocked peripheral IV, if needed | <input type="checkbox"/> No acute severe mental illness                |
| <input type="checkbox"/> No C. diff infection               | <input type="checkbox"/> Able to self-feed                             |
| <input type="checkbox"/> No trach or feeding tube*          | <input type="checkbox"/> Low safety risk (falls, wandering, elopement) |

**NO**

Other dispo (rehab, SNF, admission)

**YES**

**Transfer to Fairview Alternate Care Site**

\*Feeding tubes may be allowed on case by case basis

**HOSPITALIZED/FACILITY ADULT PATIENTS**

**1. Is the patient stable for transfer to a low-acuity ACS?**

- ☐ HD stable, O2 stable and ≤ 2L NC, no tele or CPO
- No high-risk or rapidly worsening symptoms\*\*

**YES**

**NO**

Ongoing hospitalization or remain at referral site

**Fairview Alternate Care Site Patient Information Sheet**

2501 Harbor Blvd  
Costa Mesa, CA 92626

**If the patient meets criteria, please fill in the information below:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Emergency Contact (Name, Relationship): \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Insurance Provider (if applicable): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Treatment Provider: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Allergies: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Translation service needed? Yes No

Height (inches): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Code Status: \_\_\_\_\_ Date COVID positive: \_\_\_\_\_

Date COVID symptoms (particularly fever) started: \_\_\_\_\_

Date COVID symptoms improved (particularly fever ceased): \_\_\_\_\_

Most recent vital signs: Temp \_\_\_\_\_ HR \_\_\_\_\_ BP \_\_\_\_\_ RR \_\_\_\_\_ SpO<sub>2</sub> \_\_\_\_\_

Special Needs (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Updated 24 Apr 2020)

Problem List/Past Medical History:

|     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |

|     |
|-----|
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
| 18. |
| 19. |
| 20. |

Current Medications:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISCHARGE NOTICE TO REFERRING FACILITY:**

**If a patient is admitted to the Fairview Alternate Care Site (FACS) and then meets criteria for discharge from the FACS, the sending facility agrees to coordinate discharge planning or repatriation to the original sending facility.**

Social Worker/Case Manager Name:  
Phone Number:

**SENDING FACILITY INFORMATION:**

Sending Facility Name:

Sending Facility Address:

Facility Point of Contact:

Facility Point of Contact Phone Number: